PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JAN 2 3 2018

MEW HAMPSHIRE STATE

I. Name of Lobbyist(s) Robert L. Best				DEPARTMENT OF
II. Name of lobbyis	t's partnership, firm or co	rporation, if any:		
Sullowa	y & Hollis, P.L.L.C.			
	ame of partnership, firm or corp	ooration)		
9 Capito	l Street	Concord	New Hampshire	03301
Business Address: (S		(Town/City)	(State)	(Zip Code)
(603) <u>224-2341</u> (Telephone)		(603) <u>226-2404</u> e-mail <u>rbest@sullowa.com</u> (Fax)		va.com
	covers: (Choose one – file s transactions which are not		r each client, OR you may fil y one client).	e a separate report for
C All reportable tra	insactions occurring in the m	nonths prior to the re	eporting date relative to the fol	lowing client:
CL				<u> </u>
OR	(Full Name of Client as it a	ppears on the Lobbyis	t Registration Form)	
		cluding the lobbyist	's family), or the lobbying firm	n listed below which are
IV. Date of Report Reports cover: act	April 26, 2017	to 3/31/17 ac	July 26, 2017 🗓 tivity from 4/1/17 to 6/30/17	
	October 25, 2017 [] activity from 7/1/17 to 9/30/1	17 ac	January 31, 2018 X ctivity from 10/1/17 to 12/31/17	
	, complete just this form and		nsactions made since the la cretary of State's Office, State	
VI. Check if additio	nal reports are attached:			
	-	res, you must file A	ddendum A- Fees and Expens	ses
If you have paid Expense Reimbursen		ed expenses, you mu	st file Addendum B- Report o	of Honorariums or
☐ If you, your firm	, or your family has made p	olitical contribution	s, you must file Addendum C-	- Political Contributions
I have read RSA 15,	ffirmation by Lobbyist RSA 15-B, RSA 14-C and Foest of my knowledge and be		swear or affirm that the foregonal transfer (Date)	_
(Signature of lobbyi	st)		(Date)	
(Print Name of lobby	yist)			